Metabolic interplay between *Proteus mirabilis* and *Enterococcus faecalis* facilitates polymicrobial biofilm formation and invasive disease

Authors: Benjamin C. Hunt[1], Vitus Brix[1], Joseph Vath[1], Beryl L. Guterman[1], Steven M. Taddei[1], Brian S. Learman[1], Aimee L. Brauer[1], Shichen Shen[2], Jun Qu[2,3], and Chelsie E. Armbruster[1*]

[1]Department of Microbiology and Immunology, Jacobs School of Medicine and Biomedical Sciences, State University of New York at Buffalo, Buffalo, NY, 14203, United States of America

[2]Department of Pharmaceutical Sciences, School of Pharmacy and Pharmaceutical Sciences, State University of New York at Buffalo, Buffalo, NY, 14203, United States of America

[3]NYS Center of Excellence in Bioinformatics and Life Sciences, Buffalo, NY, 14203, United States of America

*Corresponding author and lead contact: chelsiea@buffalo.edu

Summary

Polymicrobial biofilms play an important role in the development and pathogenesis of CAUTI. *Proteus mirabilis* and *Enterococcus faecalis* are common CAUTI pathogens that persistently co-colonize the catheterized urinary tract and form biofilms with increased biomass and antibiotic resistance. In this study, we uncover the metabolic interplay that drives biofilm enhancement and examine the contribution to CAUTI severity. Through compositional and proteomic biofilm analyses, we determined that the increase in biofilm biomass stems from an increase in the protein fraction of the polymicrobial biofilm matrix. We further observed an enrichment in proteins associated with ornithine and arginine metabolism in polymicrobial biofilms compared to single-species biofilms. We show that L-ornithine secretion by *E. faecalis* promotes arginine biosynthesis in *P. mirabilis,* and that disruption of this metabolic interplay abrogates the biofilm enhancement we see *in vitro* and leads to significant decreases in infection severity and dissemination in a murine CAUTI model.

Keywords: *Proteus mirabilis*, *Enterococcus faecalis*, CAUTI, UTI, polymicrobial, biofilm, metabolic crossfeeding, ornithine, arginine, bacterial metabolism

Introduction

Urinary tract infections (UTIs) are among the most common infections worldwide and account for approximately 40% of all nosocomial infections in the United States [1–5]. UTIs are classified into two broad categories, uncomplicated and complicated UTI, dependent upon the presence of risk factors, disease severity, and location of infection [1,3,5]. Urinary catheterization is a common procedure in healthcare settings with approximately 15-25% of patients at a general hospital acquiring a catheter at some point in their stay; the incidence of catheterization is even more frequent for the elderly, long-term care patients, and critically ill patients [6–14]. Catheter insertion facilitates the development of bacterial colonization through a variety of means, including mechanical disruption, induction of inflammation, and by providing an ideal surface for bacterial attachment [15–18]. Each day a urinary catheter is in place, there is a compounding 3-8% incidence of bacteriuria, and the majority of patients with long term catheterization (>28 days) will experience at least one symptomatic catheter-associated UTI (CAUTI) [6,12,19–21]. CAUTI is one type of complicated UTI and is associated with high rate of treatment failure, increased patient morbidity and mortality, overuse of antibiotics, increased length of stay and hospital cost [7,13,22,23].

The epidemiology of CAUTI also differs from that of uncomplicated UTI; uncomplicated UTIs are most often caused by *Escherichia coli,* while complicated catheter-associated bacteriuria and CAUTI are caused by a more diverse range of pathogens in addition to *E. coli,* including *Proteus mirabilis, Enterococcus faecalis, Klebsiella spp., Pseudomonas aeruginosa,* and *Staphylococcus* species [5,24–26]. Catheter-associated bacteriuria and CAUTI are frequently polymicrobial, which further complicate treatment efficacy and infection severity [24,27–29]. While much research has focused on investigating the clinical relevance and pathogenesis of *E. coli* in

the context of UTI, there is a paucity of studies investigating the pathogenesis of polymicrobial

infection and opportunistic pathogens that frequently colonize catheterized patients. With the rise

in antimicrobial resistance and the growing appreciation for the polymicrobial nature of CAUTI,

there is a clear need for investigations into the impact of polymicrobial interactions as they may

result in synergistic effects for co-colonizing pathogens [30,31].

Our prior work identified *P. mirabilis* and *E. faecalis* as the most common and persistent

co-colonization partners in catheterized individuals [10,24,32], suggesting that interactions between

these species facilitate persistent colonization. *P. mirabilis* is a Gram-negative rod-shaped

bacterium that possess numerous virulence factors that contribute to the establishment of CAUTI

and progression to secondary infections, and is the most common cause of infection-induced

urinary stones, catheter encrustation, and blockage [33–35]. *E. faecalis* is a Gram-positive, non-

motile, and highly resistant bacterium of growing medical concern [36–38]. Both species pose

serious challenges to effective treatment that are compounded by co-colonization. It is therefore

critical to understand the interactions between these two species and to identify potential

strategies for disrupting persistent co-colonization.

We previously demonstrated that *P. mirabilis* and *E. faecalis* co-localize on catheters and

within the bladder during experimental CAUTI, resulting in polymicrobial biofilms with

enhanced biomass and antibiotic resistance [10]. However, the underlying mechanism of biofilm

enhancement was not elucidated. Coinfection with *P. mirabilis* and *E. faecalis* also dramatically

increases the incidence of urolithiasis and bacteremia (39), although it is not yet known if the

increase in disease severity is related to increased catheter biofilm biomass. In this study, we

uncovered the metabolic interplay that drives biofilm enhancement and examined contribution to

infection severity. We demonstrate that secretion of L-ornithine from *E. faecalis* via the ArcD

arginine/ornithine antiporter drives L-arginine biosynthesis by *P. mirabilis,* ultimately increasing

the protein content of polymicrobial biofilms and facilitating dissemination from the urinary tract

to the bloodstream. Thus, modulating the metabolic interplay between these species could

potentially disrupt polymicrobial biofilm formation, persistent colonization, and risk of

progression to severe disease.

Results

P. mirabilis and _E. faecalis_ polymicrobial biofilms have increased biofilm biomass that is associated with increased protein content. To investigate the underlying mechanism of enhanced biomass during polymicrobial biofilm formation, we began by studying single and polymicrobial biofilm formation in TSB-G (Tryptic soy broth supplemented with 1.5% glucose) under stationary conditions in 24-well plates. Biofilm biomass was assessed using crystal violet staining, while bacterial colony forming units (CFUs) were determined via serial dilution and plating on appropriate agar for each organism. _E. faecalis_ forms slightly larger single-species biofilms than _P. mirabilis_; however, when grown together, biofilm biomass is significantly enhanced (Figure 1 A), confirming our previous observations [39]. The increase in biofilm biomass was not driven by changes in total bacterial burden or viability as ~10^8 CFUs of each species were recovered from the single and co-culture biofilms (Figure 1 B). To determine the source of the increased biofilm biomass, we quantified the amount of protein, carbohydrate, and extracellular DNA (eDNA) in the total biofilm suspension (BS), the cell-associated fraction of the biofilm (CF), and the NaOH-extracted extrapolymeric substance fraction (EPS) from single and polymicrobial biofilms. Protein was the most abundant component of both the single-species and polymicrobial biofilms, and polymicrobial biofilms had a significant increase in total protein content in the biofilm suspension and cell-associated fraction compared to the single-species biofilms of _P. mirabilis_ and _E. faecalis_ (Figure 1 C). Carbohydrates were the next most abundant component of single-species and polymicrobial biofilms, but no significant increases were observed in the polymicrobial biofilms (Figure 1 D). The least abundant component of the biofilm matrix was found to be eDNA, and no significant increases in content were observed in the polymicrobial biofilms compared to the single-species (Figure 1 E). Thus, biofilm

enhancement is driven by an increase in protein content stemming from the cell-associated

fraction rather than the EPS. The importance of protein in mediating the enhancement phenotype

was confirmed by establishing biofilms in the presence of 50 µg/mL of proteinase K (PK), which

had no effect on single-species biofilms but resulted in a significant reduction in biomass of the

polymicrobial biofilm (Figure 1 F).

Liquid chromatography mass spectrometry analysis of single and polymicrobial biofilms

was next used to identify the proteins that are enriched in the polymicrobial biofilms. We

identified 1427 proteins in the *P. mirabilis* single-species biofilms, 1061 proteins in *E. faecalis*

single-species biofilms, and 1845 proteins in the polymicrobial biofilms, confirming an increase

in protein content. Further, 78% of proteins from the polymicrobial biofilms mapped to *P.*

mirabilis and 22% mapped to *E. faecalis*, suggesting that the majority of the biofilm protein

content derives from *P. mirabilis.* This analysis revealed significant differences in protein

abundances linked to a variety of metabolic pathways and virulence factors in *P. mirabilis* and *E.*

faecalis, including an increase in abundance of multiple proteins related to ornithine and arginine

biosynthesis and metabolism. (Table 1, Supplemental Table 1, and Supplemental Figure 1).

Specifically, 37 *P. mirabilis* proteins were enriched greater than 2-fold in the polymicrobial

biofilm compared to *P. mirabilis* single biofilms, and 6/25 are involved in ornithine/arginine

transport and metabolism. In *E. faecalis,* 225 proteins were enriched (>2-fold) compared to the

single biofilm, the majority of which pertain to metabolism, translation, and cell growth and

division. The changes in ornithine and arginine metabolism drew immediate interest in light of

previous work by Keogh et al, wherein L-ornithine export from *E. faecalis*, driven by the ArcD

L-ornithine/L-arginine antiporter, modulated biofilm formation, siderophore production, and

fitness of *E. coli* [40]. *P. mirabilis* can either directly metabolize L-ornithine to the polyamine

putrescine via ornithine decarboxylase (SpeF), or it can use L-ornithine for L-arginine

biosynthesis via ornithine carbamoyltransfers (ArgI/ArgF), and can then catabolize L-arginine to

putrescine via arginine decarboxylase (SpeA) and agmatinase (SpeB). We therefore focused on

the contribution of this pathway to polymicrobial biofilm enhancement.

Arginine biosynthesis from ornithine is a critical determinant of *P. mirabilis* fitness *in vitro*.

Before investigating the importance of arginine/ornithine metabolism in mediating the biofilm

enhancement phenotype, we first examined the growth characteristics of an *E. faecalis arcD*

mutant as well as *P. mirabilis* ornithine catabolism mutants *speF* (PMI0307) and *argI/F*

(PMI3457, herein referred to as *argF*) under relevant conditions. Disrupting ornithine export had

no impact on *E. faecalis* growth or viability as the *arcD* mutant grew similarly to wild-type

OG1RF in brain heart infusion broth (BHI), tryptic soy broth supplemented with 1.5% glucose

(TSB-G), and pooled human urine (Figure 2 A, B, & C). Similarly, disrupting ornithine

metabolism and arginine biosynthesis by *P. mirabilis* had no impact on growth or viability in

rich media, as the *argF* and *speF* mutants grew similarly to wild-type HI4320 in TSB-G and

Luria-Bertani broth (LB) (Figure 2 D & E). However, in minimal salts media (PMSM), loss of

argF completely abrogated *P. mirabilis* growth while loss of *speF* had no impact (Figure 2 F).

The *argF* mutant growth defect could be fully rescued by supplementation with either L-

citrulline or L-arginine but not by L-ornithine or the arginine catabolic products agmatine or

putrescine, demonstrating that mutation of *argF* results in L-arginine auxotrophy in *P. mirabilis*

(Figure 2 F).

Human urine is considered to be a nutrient-limited medium for bacteria, providing mainly

amino acids and small peptides as nutrient sources [41]. When grown in pooled human urine, the

speF mutant grew similarly to wild-type while viability of the *argF* mutant stopped increasing

after ~3 hours (Figure 2 G). This corresponds to the timing of a ~50% reduction in the arginine

concentration of urine (from ~134 µM to ~60 µM) by wild-type *P. mirabilis* [42], which is notable

as a prior study observed that growth of an *E. coli* arginine auxotroph became limited when the

concentration of arginine decreased below 60 µM [43,44]. Importantly, growth of *argF* in human

urine could again be rescued by supplementation with L-citrulline to fuel

L-arginine biosynthesis, much like growth in minimal medium (Figure 2 G).

Subtle fitness defects can often be further magnified when a mutant strain is directly

competing against its parental isolate. We therefore conducted co-challenge experiments in

human urine, in which cultures were inoculated with a 1:1 mixture of each mutant versus wild-

type and a competitive index was calculated based on their ratio at the start of the experiment

and hourly thereafter (Figure 2 H & I). During direct co-challenge with wild-type *P. mirabilis,*

fitness of the *argF* mutant was significantly decreased after just 2 hours of growth in urine. The

defect was likely due to competition for arginine and was rescued by supplementation with

citrulline. In contrast, no fitness defects were observed for the *speF* mutant or the *E. faecalis*

arcD mutant. Thus, the use of L-ornithine to fuel L-arginine biosynthesis is critical for *P.*

mirabilis growth in minimal medium and for optimal fitness in human urine, but ornithine

secretion by *E. faecalis* and ornithine catabolism to putrescine in *P. mirabilis* are dispensable.

We previously demonstrated that *P. mirabilis* and *E. faecalis* do not exhibit obvious

competitive behavior in human urine, as the growth rates for each species were equivalent during

co-culture compared to single-species culture [45]. However, considering the importance of L-

arginine biosynthesis to *P. mirabilis* fitness during growth in urine, we sought to determine

whether arginine/ornithine interplay alters viability of either species during co-culture in urine

(Supplemental Figure 2 A). Interestingly, growth of the *argF* mutant plateaued early during co-

culture wild-type *E. faecalis* but not during co-culture with the *arcD* mutant. This observation

suggests that *E. faecalis* may impair growth of the *argF* mutant by stealing the limited L-arginine

present in urine. In contrast, the *E. faecalis arcD* mutant exhibited a slightly faster initial growth

rate during co-culture with *P. mirabilis* than wild-type *E. faecalis,* and this was independent of *P.*

mirabilis L-arginine biosynthesis (Supplemental Figure 2 B). Thus, loss of *arcD* may provide *E.*

faecalis with a slight advantage during initial co-culture with *P. mirabilis,* although the mutant

and wild-type strains achieved the same final cell density in stationary phase.

L-ornithine secretion by *E. faecalis* facilitates polymicrobial biofilm enhancement

via L-arginine biosynthesis in *P. mirabilis*. To investigate the contribution of *E. faecalis*

ornithine export and *P. mirabilis* ornithine and arginine metabolism to polymicrobial biofilm

enhancement, we established single and polymicrobial biofilms utilizing the *P. mirabilis speF,*

argF, speA, and *speB* mutants as well as the *E. faecalis arcD* mutant and measured biofilm

biomass, CFUs, and biofilm protein content. None of the mutants exhibited differences in single-

species biofilm biomass (Figure 3 A). Similarly, none of the mutants displayed a significant

decrease in polymicrobial biofilm formation when co-cultured with the wild-type strain of the

other species (Figure 3 B). However, it should be noted that co-culture of the *E. faecalis arcD*

mutant with wild-type *P. mirabilis* had variable results; only 21/27 *P. mirabilis* and *arcD*

bioiflms (75%) displayed enhancement (21/27) compared to 42/44 (95%) of biofilms formed by

P. mirabilis with wild-type *E. faecalis,* which was significantly different by Chi-square test (p =

0.022). Furthermore, the combined disruption of *E. faecalis arcD* alongside disruption of either

argF, speA, or *speB* in *P. mirabilis* completely abrogated the polymicrobial biofilm enhancement

phenotype (Figure 3 B). Since no defect was observed for co-culture of the *P. mirabilis speF*

mutant with *E. faecalis arcD,* these data suggest that ornithine secretion by *E. faecalis* is

important for biofilm enhancement, and that L-arginine biosynthesis and metabolism by *P.*

mirabilis are the main contributors while direct synthesis of putrescine from L-ornithine is

dispensable. Notably, the differences in biomass were again not driven by any alteration of

viable CFUs (Supplemental Figure 3 A), indicating a specific alteration in biofilm matrix

composition. To confirm an impact on biofilm protein composition, we quantified the protein

content of the biofilms (Figure 3 C). The polymicrobial biofilms formed by wild-type *P.*

mirabilis with the *E. faecalis arcD* mutant had a significant decrease in protein content, which

was further reduced in co-culture of the *E. faecalis arcD* mutant with the *P. mirabilis argF,*

speA, or *speB* mutants, confirming that the decrease in biofilm biomass was mediated by a

decrease in protein content.

We next sought to explore the contribution of *E. faecalis* ornithine export and *P.*

mirabilis arginine biosynthesis and metabolism to polymicrobial biofilm formation in human

urine, as this is the most physiologically-relevant medium for urinary tract pathogens. Biomass

enhancement was observed when wild-type *P. mirabilis* and *E. faecalis* were co-cultured (Figure

3 D) and was again independent of any potential impact on bacterial viability (Supplemental

Figure 3 B). None of the mutants exhibited biomass defects in single-species biofilms, despite

the fact that the *argF* mutant had a slight growth defect in human urine. In contrast to our data in

TSB-G, all of the polymicrobial biofilms exhibited enhanced biofilm biomass, including those

formed by co-culture of *P. mirabilis* mutants with the *E. faecalis arcD* mutant (Figure 3 D).

While unexpected, a confounding factor for urine biofilms is the ion precipitation that results due

to *P. mirabilis* urease activity. We previously determined that *E. faecalis* enhances *P. mirabilis*

urease activity, leading to a more rapid pH increase in urine and greater precipitation of ions to

crystalline structures [45]. Incorporation of crystals into the polymicrobial biofilm increases overall

staining and may mask the contribution of L-ornithine/L-arginine interplay to biomass under

these experimental conditions. We therefore used TSB-G to further examine the contribution of

ornithine and arginine to polymicrobial biofilm development.

We previously demonstrated that direct cell-cell contact was required for biofilm

enhancement, as neither *P. mirabilis* nor *E. faecalis* exhibited altered biofilm biomass when

separated by a transwell insert [39]. Similarly, supplementing single-species biofilms with excess

L-arginine, agmatine, or putrescine alone had no impact on biofilm biomass for *P. mirabilis, E.*

faecalis, or any of the mutants (Figure 5 E), confirming that direct contact between *P. mirabilis*

and *E. faecalis* is required for biofilm enhancement. Interestingly, supplementing the

polymicrobial biofilms with excess L-arginine fully restored the *P. mirabilis argF* and *E.*

faecalis arcD polymicrobial biomass to wild type levels and resulted in a significant though less

dramatic increase in biomass for polymicrobial biofilms formed by the *P. mirabilis speA* and

speB mutants with *E. faecalis arcD* biofilm (Figure 3 F). The main effect of L-arginine

supplementation appears to be specifically related to an increase in overall arginine levels rather

than metabolism to catabolic products, as supplementation with agmatine or putrescine failed to

restore enhanced biomass to any of the polymicrobial biofilms.

We next sought to confirm whether arginine supplementation was sufficient to directly

increase the protein content of polymicrobial biofilms formed by the *P. mirabilis* and *E. faecalis*

mutants. Supplementing polymicrobial biofilms with 10 mM arginine resulted in modest though

statistically-significant increase in total protein content for biofilms formed by wild-type *P.*

mirabilis with wild-type *E. faecalis*and those formed by either the *P. mirabilis argF* mutant or

the speB mutant with the *arcD* mutant biofilm, but not the *speA* mutant (Figure 3 G). Since SpeA

is the first step in arginine catabolism, this suggests that the impact of exogenous L-arginine on

biofilm protein levels is related to arginine catabolism in *P. mirabilis*. Further, since

supplementation was not sufficient to restore protein content to wild-type polymicrobial biofilm

levels, the ability of exogenous L-arginine to restore increased polymicrobial biofilm biomass is

only mediated in part through increasing the biofilm protein content.

L-ornithine secretion by *E. faecalis* and L-arginine biosynthesis by *P. mirabilis* contribute

to enhanced disease severity and dissemination during polymicrobial infection. We

previously demonstrated that polymicrobial infection with *E. faecalis* and *P. mirabilis* increases

disease severity during experimental CAUTI and we demonstrated the importance of biofilm

formation to bacterial pathogenesis in the context of CAUTI [39,45,46]. We therefore sought to

determine the contribution of *E. faecalis* L-ornithine secretion and *P. mirabilis* L-arginine

biosynthesis to establishing polymicrobial catheter biofilms as well as promoting dissemination

to the kidneys and bloodstream and overall disease severity. We utilized the *E. faecalis arcD*

mutant and the *P. mirabilis argF* mutant to examine the specific contribution of ornithine export

and arginine biosynthesis to pathogenesis in the well-established murine CAUTI model [42,47,48].

Female CBA/J mice aged 6-8 weeks were transurethrally inoculated with 10^5 CFUs of either

wild type *P. mirabilis*, the *argF* mutant, wild-type *E. faecalis,* the *arcD* mutant, or polymicrobial

mixtures*,* and a 4mm silicone catheter segment was placed in the bladder during inoculation.

Mice were euthanized 96 hours post-inoculation and bacterial burden was quantified in the urine,

bladder, kidneys, and spleen (Figure 4).

Neither ArgF nor ArcD alone were important for establishing single-species infection, as

the mutants colonized all organs of the urinary tract to a similar level as the wild-type strains

(Figure 4 A & B). There were also no differences in infection severity for *arcD* compared to

wild-type *E. faecalis,* although there was a decrease in the number of mice that developed

bacteremia during infection with the *argF* mutant compared to wild-type *P. mirabilis* (Table 2).

Differences in disease severity became more apparent in the context of polymicrobial infection.

While both species were detected in all coinfected mice by differential plating (Supplemental

Figure 4), mice coinfected with the mutant strains displayed a trend towards decreased CFUs in

all organs compared to mice coinfected with the wild-type strains, which was statistically

significant in the spleen (Figure 4 C). Strikingly, animals coinfected with the mutant strains had

significantly fewer indicators of severe disease as compared to mice coinfected with the wild

type strains, including kidney discoloration and mottling, kidney hematoma, and bacteremia

(Table 2). The decreased incidence of bacteremia is particularly notable, as an increased

incidence of bacteremia is one of the hallmarks of *P. mirabilis* and *E. faecalis* coinfection

compared to single-species infection [45]. Taken together, these data clearly demonstrate that L-

ornithine secretion by *E. faecalis* facilitates L-arginine biosynthesis by *P. mirabilis,* the

combined action of which alters polymicrobial biofilm formation and infection severity.

Discussion

Bacterial biofilms have long been noted to be vital for pathogenesis and disease progression in a variety of disease contexts, including CAUTI [49–52]. There has been a growing appreciation for the fact that many diseases and biofilms are polymicrobial environments, where the network of interactions between bacterial species and the host are important determinants of the overall course of disease development [10,32,52–55]. However, there is still a paucity of studies addressing the interactions that contribute to polymicrobial biofilm formation, colonization, and pathogenesis. Previously, we demonstrated that *E. faecalis* and *P. mirabilis* are frequent co-colonizers in catheterized patient populations and that they co-localize and form unique biofilm communities with enhanced biofilm biomass, persistence, and antibiotic resistance [10]. However, the underlying mechanism was yet to be understood.

Herein, we have demonstrated that L-ornithine secretion from *E. faecalis* feeds into L-arginine biosynthesis and metabolism by *P. mirabilis,* resulting in a contact-dependent increase in protein content and biofilm biomass compared to single-species biofilms (summarized in Figure 5). Not only were we able to demonstrate that this metabolic interaction influences biofilm formation *in vitro*, but we also uncovered an important role for this metabolic interplay in mediating disease severity in a mouse model of polymicrobial CAUTI. This study adds to a growing body of work that metabolic cross-feeding is a determinant of polymicrobial infections. Previously, Keogh et al (2016) demonstrated that L-ornithine secretion from *E. faecalis* increased *E. coli* siderophore production and biofilm growth under iron-limitation, as well as persistence in a wound infection model [40]. More recently, work by Smith et al. (2022) demonstrated that *E. faecalis* enhances the fitness and virulence of the gut pathogen *Clostridioides difficile* by providing a source of fermentable amino acids, including ornithine [56].

In both of these studies, L-ornithine from *E. faecalis* enhanced growth of the partner species. In

contrast, our work demonstrates a growth-independent role for L-ornithine in mediating contact-

dependent polymicrobial interactions. Together, these studies underscore the pivotal role that *E.*

faecalis L-ornithine secretion plays in mediating different polymicrobial interactions in multiple

disease contexts, and further highlights the potential of L-ornithine as a common metabolite cue.

Considering that supplementation with arginine alone restored polymicrobial biofilm

enhancement for the mutant strains while its catabolic products (agmatine/putrescine) did not,

our data indicate that endogenous L-arginine or sensing of L-arginine biosynthesis pathway

intermediates in *P. mirabilis* is the key mediator of biofilm enhancement in this context. Our

prior studies have demonstrated an important contribution of L-arginine to *P. mirabilis* fitness

and virulence; specifically, L-arginine acts as an environmental cue to promote swarming

motility, and catabolism to agmatine via SpeA contributes to acid tolerance, motility, and fitness

within the urinary tract in addition to fueling putrescine biosynthesis [57]. In our prior genome-

wide transposon insertion site sequencing (Tn-seq) study, we also found that polymicrobial

infection with another common coinfection partner, *Providencia stuartii,* causes *P. mirabilis* to

require the L-arginine biosynthetic pathway (including *argF*) but not *speA, speB,* or *speF* for

optimal fitness, suggesting a specific involvement of L-arginine and its biosynthesis

intermediates rather than its catabolic products. [58]. Combined with this current study, these

observations hint at the potential for L-arginine to act as a key determinant of *P. mirabilis*

virulence and fitness in polymicrobial CAUTI.

While the specific fate of arginine remains to be determined, we hypothesize that *P.*

mirabilis may directly utilize the excess L-arginine generated from L-ornithine for production of

specific proteins that mediate biofilm enhancement. Our proteomics experiments revealed a 5-

fold increase in the fimbrial chaperone protein fim5C in polymicrobial biofilms compared to *P.*

mirabilis single-species biofilms, suggesting that L-arginine may contribute to production of

certain fimbriae (Table 1). Fimbriae are known to play a vital role in *P. mirabilis* biofilm

formation and mediate adherence to the catheter surface [33,59], although their specific contribution

to polymicrobial biofilm formation has yet to be explored. Another product of *P. mirabilis* that

may be responsible for the increase in biofilm biomass in the polymicrobial biofilms is a putative

repeats-in-toxin (RTX) adhesion protein RtxA. RTX toxins are part of a family of pore forming

cytolysins produced mainly by Gram-negative bacteria, and they can have diverse functions

including adhesion, which can play a role in biofilm formation [60–62]. The most well characterized

RTX adhesin is the *Pseudomonas fluorescens* protein LapA, which was shown to be essential for

biofilm formation [62,63]. RtxA was the most over-represented *P. mirabilis* protein from

polymicrobial biofilms, suggesting that *E. faecalis* enhances RtxA production during biofilm

formation. Interestingly, both *fim5C* and *rtxA* were identified as *P. mirabilis* fitness factors

during polymicrobial CAUTI with *P. stuartii* but not during single-species infection, suggesting

that both proteins may play a specific role in mediating polymicrobial interactions [58]. The

contribution of these adhesins to polymicrobial interactions are an active area of ongoing

investigation.

As an alternative, the L-arginine biosynthesis intermediates generated from L-ornithine

may be acting as nutrient signals within *P. mirabilis* and triggering phenotypic changes that

ultimately influence biofilm formation, rather than being directly used for protein synthesis. It is

also possible that the L-arginine generated by *P. mirabilis* is being exported and taken up by *E.*

faecalis through an *arcD*-independent transport mechanism, and that *E. faecalis* is driving the

contact-dependent biofilm enhancement through an arginine-dependent mechanism. The full

complement of arginine import and export machinery are not yet fully elucidated in these

species, but uncovering the mechanisms behind arginine export in *P. mirabilis* and import by *E.*

faecalis are expected to contribute to a deeper understanding into this important polymicrobial

interaction. Future efforts will be focused on identifying the specific protein mediators of biofilm

enhancement, distinguishing which microbe is responsible for their production, and defining the

role of L-arginine in their biosynthesis.

It is also important to remember that the CAUTI bladder environment is typically

polymicrobial and thus there are many more bacterial species present than just *P. mirabilis* and

E. faecalis [56,64–66]. Bacteria engage in multiple cooperative and competitive interactions, which

can be mediated by small molecules such as L-ornithine, and multiple different bacterial species

can be competing for and responding to the same metabolic cue. The addition of other

uropathogens is likely to modulate or influence the cross-feeding interaction described here, and

this can be accomplished through a variety of mechanisms that change the nutrient landscape,

spatial structure of the community, or community metabolism [67,68]. Additionally, other

uropathogens, such as *P. stuartii, E. coli,* and *Morganella morganii,* have been shown to

modulate virulence factor production and activity in *P. mirabilis* and may also contribute to

biofilm formation [45,47,69]. It is also possible that with the addition of other common uropathogens,

the L-ornithine-driven biofilm enhancement may be disrupted though competition for this or

other metabolites.

Given that *P. mirabilis* and *E. faecalis* both exhibit intrinsic resistance to several

antibiotics and that polymicrobial biofilm formation further exacerbates these concerns, this

work can be used to develop new approaches to prevent or disrupt biofilm formation. Our data

suggest that targeting ornithine metabolism and arginine biosynthesis may represent a new

avenue for exploration, especially as disrupting these pathways also decreases risk of developing

severe disease during experimental infection. However, considering that catheter-associated

bacteriuria and CAUTI also frequently involve additional co-colonizing species such as *E. coli,*

additional investigations are needed to understand how other co-colonizing pathogens influence

biofilm formation, metabolic cross-feeding, and disease progression.

Methods

Bacterial strains. *Proteus mirabilis* strain HI4320 was isolated from the urine of a long-term catheterized patient in a chronic care facility [70]. All *P. mirabilis* mutants used in this study were generated by inserting a kanamycin resistance cassette into the gene of interest following the Sigma TargeTron group II intron protocol as previously described [71,72]. The *P. mirabilis speF, speA,* and *speB* mutants were previously constructed [57], while the *argF* mutant was specifically generated for this study. Mutants were verified by selection on kanamycin and PCR. The *Enterococcus faecalis* strain used in this study is an oral clinical isolate, OG1RF [73,74]. The *E. faecalis* Δ*arcD* mutant was previously generated via mariner transposon mutagenesis [40,75,76].

Bacterial culture conditions. *P. mirabilis* was cultured at 37°C with shaking at 225 RPM in 5 mL of low-salt LB (LSLB) broth (10 g/L tryptone, 5 g/L yeast extract, 0.1g/L NaCl) or on LSLB plates solidified with 1.5% agar. *E. faecalis* was routinely cultured in 5 mL of Brain Heart Infusion (BHI) broth at 37°C with shaking at 225 RPM or on BHI agar plates solidified with 1.5% agar. *P. mirabilis* mutant strains were grown in media supplemented with 50 µg/mL kanamycin, while the *E. faecalis* mutant strain was grown with 8 µg/mL chloramphenicol. Both species of bacteria were also grown in Tryptic Soy Broth supplemented with 1.5% glucose (TSB-G) as indicated. *Proteus mirabilis* minimal salts medium (PMSM) was used in experiments requiring defined growth medium (10.5 g/L K_2HPO_4, 4.5 g/L KH_2PO_4, 1 g/L $(NH_4)_2SO_4$, 15 g/L agar, supplemented with 0.002% nicotinic acid, 1 mM $MgSO_4$, and 0.2% glycerol). PMSM was supplemented further with addition of 10 mM L-ornithine, L-arginine, or L-citrulline as indicated. Filter sterilized pooled human urine from at least 20 de-identified female donors was purchased from Cone Bioproducts (Sequin, TX), stored at -20C, and used as

indicated as a physiologically relevant growth medium. For co-challenge experiments, samples

were plated on plain LSLB agar (total CFUs), LSLB with kanamycin (*P. mirabilis* mutant strain

CFUs), and BHI agar supplemented with 100 µg/ml spectinomycin (*E. faecalis* CFUs).

Crystal violet staining of bacterial biofilms. Overnight cultures of wild-type or mutant bacteria

were adjusted to approximately $2x10^7$ CFU/mL, an OD_{600} of 0.02 for *P. mirabilis* and OD_{600} of

0.04 for *E. faecalis*, in either TSB-G or pooled human urine as indicated, and 750 µL was

dispensed in triplicate into the wells of tissue culture treated 24-well plates (Falcon 353047). For

polymicrobial biofilms, 325 µL of the appropriate *P. mirabilis* and *E. faecalis* strains were added

to the well to a final volume of 750 µL. Sterile media was dispensed in triplicate into wells to

serve as a blank for the crystal violet staining. Plates were incubated for 24 hours at 37°C in

partially sealed bags with a damp paper towel, after which supernatants were gently aspirated

and adherent biofilms were washed twice with 1 mL of 1x phosphate buffered saline (PBS), with

care taken to not disrupt the biofilm community. Next, 1 mL of 95% ethanol was added to each

well and the plate was incubated at room temperature for 15 minutes, after which ethanol was

aspirated and the plate was allowed to air dry with the lid off for 60 minutes. Biofilms were then

stained with 0.1% crystal violet and incubated at room temperature for 60 minutes, after such

time the crystal violet solution was aspirated and biofilms were washed once with 1 mL of

deionized water. Stained biofilms were solubilized in 1 mL of 95% ethanol and plates were

incubated at room temperature on a plate shaker at 200 RPM for 15 minutes. Using a 1 mL

micropipette tip, the bottom and sides of wells in the plate were scraped to ensure all stained

biofilm biomass was fully resuspended. Crystal violet absorbance was then read at 570 nm using

a BioTek Synergy H1 plate reader. Crystal violet absorbance in all figures is expressed relative

to absorbance in the *E. faecalis* monoculture biofilm wells.

Determination of bacterial viability of biofilms. Biofilms were established in triplicate in

tissue culture treated 24-well plates as described above and incubated for 24 hours at 37°C.

Supernatants were removed, biofilms were gently washed with 1mL of sterile 1x PBS, and

scraped as described above to resuspend. Suspensions were then serially diluted and plated onto

appropriate agar using an EddyJet 2 spiral plater (Neutec Group) for determination of CFUs

using a ProtoCOL 3 automated colony counter (Synbiosis).

Growth curves. Overnight cultures of bacteria were adjusted to approximately $2\text{x}10^7$ CFU/mL

in the various growth media described above. 200 µL of the adjusted bacterial suspension was

distributed in at least triplicate wells of a clear 96-well plate and incubated in a BioTek Synergy

H1 96-well plate reader at 37°C with continuous double-orbital shaking and a 1°C temperature

differential between the top and bottom of the plate to prevent condensation. Bacterial growth

was assessed via absorbance (OD_{600}) every 15 minutes for a period of 18 hours. For assessment

of CFUs, 5 mL bacterial suspensions were incubated at 37°C with shaking at 225 RPM, aliquots

were taken hourly, serially diluted, and plated onto appropriate agar using an EddyJet 2 spiral

plater (Neutec Group) for determination of CFUs using a ProtoCOL 3 automated colony counter

(Synbiosis).

Biofilm compositional analysis. Biofilms were established as described above in 24-well plates

and incubated for 20 hours at 37°C, with the exception that an entire 24-well plate was used for

each inoculum. Compositional analysis was performed as previously described for *P. mirabilis*

[77]. Briefly, supernatants were removed and all wells of the entire 24-well plate were gently

resuspended into a total volume of 3 mL of sterile Milli-Q water, an aliquot was removed from

this total volume to generate the biofilm suspension fraction (BS). Suspensions were fixed for 1

hour with formaldehyde (37%) by incubating at room temperature with shaking at 200 RPM. 1

M NaOH was then added and samples were incubated for 3 hours at room temperature with

shaking at 200 RPM. Samples were then centrifuged (20,000xg) for 1 hour at 4°C. Supernatant

containing the soluble extrapolymeric substance (EPS) was removed and placed in a sterile

microcentrifuge tube, while the remaining pellet was resuspended in 1 mL Milli-Q water to

generate the cell fraction (CF). The EPS was filtered through a 0.22 µm filter and then was

transferred to Slide-A-Lyzer dialysis cassette (Thermofisher, Cat# 66380) and placed in beaker

containing Milli-Q water. The Milli-Q water was replaced twice after 2 hours, after which the

sample was left to dialyze overnight. Samples were removed from the dialysis cassette to

generate the EPS fraction (EPS). All samples were stored at -20C until end point analysis. Total

eDNA was determined using the PicoGreen assay (Invitrogen, MP07581), total carbohydrate

was determined using the Total Carbohydrate Assay Kit (Sigma, Cat# MAK104-1KT), and total

protein was determined via Pierce BCA protein assay kit (Thermofisher, Cat# 23250), all

following the manufacturer's instructions [77,78]. For comparison of wild-type and mutant

polymicrobial biofilm protein content, biofilms were established in 24-well plates and grown for

24 hours at 37°C, after which three wells were scrapped, pooled, and analyzed as described

above.

Liquid-chromatography mass spectrometry (LC-MS) analysis of bacterial biofilms. Sample

preparation and data analysis are described in detail in Supplemental Item 5. The mass

spectrometry proteomics data have been deposited to the ProteomeXchange Consortium via the

PRIDE partner repository with the dataset identifier PXD041693 [79].

Mouse model of CAUTI. CAUTI studies were performed as previously described [42,47,80]. In

short, the inoculum was prepared by washing overnight cultures in PBS and adjusting to an

OD_{600} of 0.2 for *P. mirabilis* and OD_{600} of 0.4 for *E. faecalis* ($\sim 2x10^8$ CFU/mL), then diluting

1:100 to make a final inoculum of $2x10^6$ CFU/mL. Co-challenge inocula were generated by

combining a 50:50 mix of each single-species inoculum. Female CBA/J mice aged 6-8 weeks

(Jackson Laboratory) were anesthetized with a weight appropriate dose of ketamine/xylazine

(80-120mg/kg ketamine and 5-10 mg/kg xylazine) via IP injection, after which mice were

inoculated transurethrally with 50 µL of the appropriate inoculum suspension, delivering $\sim 1x10^5$

CFU/mouse. A 4 mm segment of sterile silicone tubing (0.64 mm O.D., 0.30 mm I.D., Braintree

Scientific Inc.) was advanced into the bladder during inoculation and retained there for the

duration of the study as done previously [47,81]. After 96 hours, urine was collected, bladders,

kidneys, and spleens were harvested and placed into 5 mL Eppendorf tubes containing 1 mL 1x

PBS and 500 µL of 3.2mm stainless steel beads. Tissues were homogenized using a Bullet

Blender 5 Gold (Next Advance, Speed 8, 4 minutes). Bladders were treated to two cycles to

ensure full homogenization. Tissue homogenates were serially diluted and plated onto

appropriate agar using an EddyJet 2 spiral plater (Neutec Group) for determination of CFUs

using a ProtoCOL 3 automated colony counter (Synbiosis).

Statistical analysis. Statistical significance of experimental results for biofilm, CFU, and growth curve data was assessed by two-way analysis of variance (ANOVA) multiple comparisons or one-way ANOVA as indicated in figure legends. For CAUTI model results, CFUs data was assessed by one-way ANOVA of $\log_{10}$ transformed data, and chi-square tests were used to analyzed incidences of abnormalities and health events. These analyses were performed using GraphPad Prism, version 9.3 (GraphPad Software) with a 95% confidence interval.

<u>Acknowledgments</u>

We would like to thank Dr. Thomas Russo and members of his laboratory for helpful comments

and critiques. This work was funded by the National Institute of Diabetes and Digestive and

Kidney Diseases under award R01 DK123158 to CEA. The content is solely the responsibility of

the authors and does not necessarily represent the official views of the National Institutes of

Health.

<u>Author contributions</u>

B.C.H. and C.E.A. designed experiments, analyzed data, and prepared the manuscript. B.C.H.,

V.B., J.V., L.B.G., S.M.T., B.S.L., and A.L.B. performed experiments. S.S. and J.Q. performed

and analyzed the proteomics data. All authors reviewed the manuscript.

<u>Declaration of Interests</u>

The authors declare no competing interests.

Figure Legends:

Figure 1. *P. mirabilis* and *E. faecalis* polymicrobial biofilms exhibit enhanced biofilm

biomass that is driven by biofilm compositional changes and not bacterial counts. (A)

Crystal violet staining of biofilms grown for 24hrs in TSB-G. (B) Colony forming units of

biofilms grown for 24hrs in TSB-G. Data represent the mean ± standard deviation for 3-5

independent experiments with at least three replicates each. ns = non-significant, **** = P<.0001

by one-way ANOVA multiple comparisons. (C-E) Biofilm compositional analysis of 20-hour

single or polymicrobial biofilms detailing C) total eDNA, D) total carbohydrate, and E) total

protein, BS = biofilm supernatant fraction, CF = cell associated fraction, EPS = extrapolymeric

substance fraction. (F) Crystal violet staining of biofilms grown for 24hrs in TSB-G with 50

µg/mL proteinase-K. Data represent the mean ± standard deviation for at least three independent

experiments with at least two replicates each. ns = non-significant, * = P<.05; ** = P<.01; *** =

P<.001; **** = P<.0001 by repeated measures one-way ANOVA.

Figure 2. Ornithine and arginine metabolism are key determinants of *P. mirabilis* growth in

vitro in both laboratory media and physiologically relevant pooled human urine. *E.*

faecalis growth curves in A) BHI, B) TSB-G, and C) pooled human urine. *P. mirabilis* growth

curves in D) TSB-G E) LB, F) PMSM (*Proteus* minimal salts media) without supplementation or

supplemented with 10 mM ornithine, 10mM arginine, 10 mM citrulline, 10 mM agmatine, or 10

mM putrescine. G) CFUs of *P. mirabilis* and mutants during growth in pooled human urine. (H-

I) Competitive index (CI) of *P. mirabilis* mutants co-inoculated with wild-type *P. mirabilis* (H)

or *E. faecalis arcD* mutant co-inoculated with wild-type *E. faecalis* (I) in pooled human urine.

Each symbol represents the log10 CI for an individual inoculum, error bars represent the

medians and dashed line indicates the log10 CI = 0 (the expected value if the ratio of mutant/WT

is 1:1). * = P<.05 by one sample t test against a theoretical log10 CI = 0.

Figure 3. L-ornithine secretion from E. *faecalis* drives *P. mirabilis* arginine biosynthesis

and increased biofilm biomass. (A-B) Crystal violet staining of A) single-species or B)

polymicrobial biofilms grown for 24hrs in TSB-G. C) Total protein of pooled biofilm fractions

of single species or polymicrobial biofilms grown for 24-hours in TSB-G. D) Crystal violet

staining of biofilms grown for 24-hours in pooled human urine; sample biofilm biomass is

compared to *Ef* alone condition for significant enhancement. Data represent the mean ± standard

deviation for 3-5 independent experiments with at least two replicates each. ns = non-significant,

* = P<.05; ** = P<.01; *** = P<.001; **** = P<.0001 by one-way ANOVA with multiple

comparisons. Crystal violet staining of E) single or F) polymicrobial biofilms supplemented with

either 10 mM arginine, 10mM agmatine, or 10 mM putrescine compared to the non-

supplemented biofilm. Data represent the mean ± standard deviation for 3-5 independent

experiments with at least two replicates each, ns = non-significant, * = P<.05; ** = P<.01; *** =

P<.001; **** = P<.0001 by one-way ANOVA with multiple comparisons. G) Total protein of

pooled biofilm fractions of single and polymicrobial biofilms supplemented with 10 mM

arginine. Data represent the mean ± standard deviation for 3-5 independent experiments with at

least two replicates each. ns = non-significant, One-way ANOVA multiple comparisons, * p <

0.05, ** p < 0.01, *** p < 0.001, **** p <0.0001.

Figure 4. Metabolic interplay between *E. faecalis* and *P. mirabilis* contributes to secondary

bacteremia. Bacterial counts in urine, bladder, kidney, and spleen samples collected at 96hrs

post infection in a CAUTI murine model. Animals were infected with 10^5 CFUs/mL of either A)

wild type *P. mirabilis* or *P. mirabilis* Δ*argF,* or B) wild type *E. faecalis* or *E. faecalis* Δ*arcD* in

single species infections. (C) Mice were coinfected with a 50:50 mixture of the wild-type strains

or their respective mutants for polymicrobial infection experiments, with bacterial counts being

depicted as total bacterial burden per organ. Total bacterial burden was analyzed via

nonparametric One-Way ANOVA, * p = 0.0154. Data presented is representative of three

combined, independent animal studies, n = 4-16.

Figure 5. Working model of the metabolic interplay between *E. faecalis* and *P. mirabilis* in

polymicrobial CAUTI infection. Model of metabolic interplay between *E. faecalis* and *P.*

mirabilis in polymicrobial biofilms. All known genes involved in L-ornithine metabolism and L-

arginine biosynthesis in *P. mirabilis* are displayed. L-ornithine can either be directly catabolized

to putrescine via ornithine decarboxylate (SpeF), or it can feed into L-arginine biosynthesis via

ornithine carbamoyltransferse (ArgF), which generates L-citrulline. Argininosuccinate synthase

(PMI_RS16015) uses ATP to generate L-arginino-succinate from L-citrulline and L-aspartate,

then argininosuccinate lyase (ArgH) generates L-arginine and fumarate from L-arginino-

succinate. L-arginine can then be catabolized to putrescine via arginine decarboxylase (SpeA)

and agmatinase (SpeB). Our data support a model in which ornithine secretion by *E. faecalis*

coupled with direct cell-cell contact increases L-arginine metabolism and protein expression by

P. mirabilis, leading to the development of a polymicrobial biofilm with significantly increased

biomass and antibiotic resistance. Co-colonization of the two pathogens increases morbidity and

mortality in a murine CAUTI model. However, disruption of ornithine/arginine metabolic

interplay leads to significant reductions disease severity, revealing a new potential target for

disrupting polymicrobial infection.

Table 1. Liquid chromatography mass spectrometry (LC-MS) analysis shows an

upregulation of many ornithine and arginine metabolism related genes. LC-MS analysis

summary detailing the ratio of select proteins within the polymicrobial biofilms to single species

biofilms. Select proteins that were at least 2-fold increased in polymicrobial biofilms are detailed

within, proteins related to ornithine/arginine metabolism are bolded.

P. mirabilis		*E. faecalis*	
Protein Name	**Ratio**	**Protein Name**	**Ratio**
arginine ABC transporter substrate-binding protein	2.08	N-acetylmuramic acid 6-phosphate etherase	79.45
ornithine carbamoyltransferase	2.31	Trk family potassium (K+) transporter, membrane protein	81.90
2OG-Fe dioxygenase family protein	3.51	carbamoyl-phosphate synthase, large subunit	89.25
ornithine decarboxylase SpeF	4.03	hypothetical protein OG1RF_11509	89.74
argininosuccinate lyase	4.08	pyruvate phosphate dikinase	90.17
UDP-N-acetylglucosamine 2-epimerase (non-hydrolyzing)	4.25	methylmalonate-semialdehyde dehydrogenase (acylating)	109.13
FAD-dependent oxidoreductase	4.78	YehR like protein	118.52
fimbrial chaperone fim5C	5.72	dihydrolipoyl dehydrogenase	132.58
arginosuccinate synthase	6.18	anaerobic ribonucleoside-triphosphate reductase large subunit	149.40
electron transport complex subunit RsxC	7.12	3-methyl-2-oxobutanoate dehydrogenase	154.12
nitrogen regulation protein NR(II)	7.29	ABC superfamily ATP binding cassette transporter, ABC/membrane protein	211.30
ABC transporter permease	7.95	**spermidine/putrescine ABC superfamily ATP binding cassette transporter**	264.33
acetylglutamate kinase	8.23	2-dehydropantoate 2-reductase	476.32
N-acetyl-gamma-glutamyl-phosphate reductase	10.62	selenium-dependent molybdenum hydroxylase 1	627.14
hypothetical protein	13.23	branched-chain alpha-keto acid	666.84
LysR family transcriptional regulator	14.92	putative transcriptional activator SrlM	1088.25
MARTX multifunctional-autoprocessing repeats-in-toxin holotoxin RtxA	34.50	5-dehydro-2-deoxygluconokinase	1487.36

588 **Table 2. Metabolic interplay between *E. faecalis* and *P. mirabilis* contributes to**

589 **polymicrobial infection severity.** Incidence of bacteremia and tissue abnormalities in murine

590 CAUTI infections. Chi-square tests were used to determine if frequency of events are statistically

591 different between groups.

Adverse health event or tissue abnormality	*Pm*	*ΔargF*	Chi-square P value	*Ef*	*ΔarcD*	Chi-square P value	*Pm + Ef*	*ΔargF + ΔarcD*	Chi-square P value
Bladder hematoma and/or blood in urine	1/13	0/11	0.306	0/20	0/18	>0.999	0/14	0/13	>0.999
Kidney hematoma	3/13	0/11	0.088	0/20	0/18	>0.999	5/14	0/13	0.011*
Kidney color change and/or mottling	1/13	0/11	0.347	0/20	0/18	>0.999	8/14	2/13	0.013*
Kidney stone	2/13	3/11	0.475	0/20	0/18	>0.999	5/14	1/13	0.054
Any abnormality	4/13	3/11	0.099	0/20	0/18	>0.999	8/14	2/13	0.013*
Bacteremia	11/13	4/11	0.015*	0/20	0/18	>0.999	13/14	6/13	0.003*

Supplemental figure and table legends:

Supplemental Figure 1. Proteomics identification of proteins present in *P. mirabilis* or *E.*

***faecalis* single species biofilms.** Protein identification was performed by searching against a

combined database of *P. mirabilis* and *E. faecalis* protein sequence. Total protein intensities for

single and polymicrobial biofilms. Protein intensities show that protein content within

polymicrobial biofilms is largely driven by increases in *P. mirabilis* derived proteins.

Supplemental Figure 2. Fitness of *P. mirabilis argF, P. mirabilis speF,* and *E. faecalis arcD*

during growth in human urine. *P. mirabilis* and the *argF* mutant were co-cultured with either

E. faecalis or the *arcD* mutant in human urine, and samples were plated every hour for

determination of CFUs. A) *P. mirabilis* and B) *E. faecalis* CFU counts from the urine co-

cultures. Error bars represent mean and standard deviation. *$P<0.05$, **$P<0.01$ by two-way

ANOVA comparison of *argF* CFUs from *argF+Ef* to *argF* and wild-type CFUs from the other

co-cultures in panel A, and for *arcD* CFUs compaed to *E. faecalis* CFUs in panel B.

Supplemental Figure 3. Differences in biofilm biomass are not due to changes in bacterial

viability. CFUs of biofilms grown for 24-hours in A) TSB-G or B) pooled human urine. Data

represent the mean ± standard deviation for at least three independent experiments with at least

two replicates each. ns = non-significant, * = P<.05 as determined by One-way ANOVA.

Supplemental Figure 4. Colony forming units of each species from coinfected mice. *P.*

mirabilis and *E. faecalis* bacterial counts in urine (U), bladder (B), kidney (K), and spleen (S)

homogenates. The CFUs from an individual coinfected mouse are connected with a black line for

each organ.

Supplemental Item 5. LCMS methodology and analysis. *Protein digestion:* Biofilm

suspension fraction (BS) was prepared as described above. After which, a surfactant-aided

precipitation/on-pellet digestion method was adopted in the current study for sample preparation

[82]. In brief, 100 μg protein was aliquoted from each sample and diluted to 1 μg/μL with 1% SDS.

Protein was sequentially reduced by 10 mM dithiothreitol (DTT) at 56°C for 30 min and

alkylated by 25 mM iodoacetamide (IAM) at 37°C in darkness for 30 min. Both steps were

performed with rigorous vortexing in a thermomixer (Eppendorf). A total of 6 volumes of chilled

acetone was then added to each sample with constant vortexing, and the mixture was incubated

at -20°C for 3 hr. After centrifugation at 20,000 g, 4°C for 30 min, liquid was decanted, and

protein pellet was gently washed by 500 μL methanol and air-dried for 1 min. A volume of 80

μL 50 mM pH 8.4 Tris-formic acid (FA) was then added, and samples were sonicated to loosen

the protein pellet. A total volume of 20 μL trypsin (Sigma Aldrich, dissolved in 50 mM pH 8.4

Tris-FA) was added for 6-hr digestion at 37°C with rigorous vortexing in a thermomixer.

Digestion was terminated by addition of 1 μL FA, and samples were centrifuged at 20,000 g, 4°C

for 30 min. Supernatant was carefully transferred to LC vials for analysis.

LC-MS analysis: The LC-MS system consists of a Dionex μLtimate 3000 nano LC

system, a Dinex μLtimate 3000 micro LC system with a WPS-3000 autosampler, and a

ThermoFisher Orbitrap Fusion Lumos mass spectrometer. A large-inner diameter (i.d.) trapping

column (300-um i.d. x 5 mm) was coupled to the nano LC column (75-um i.d. x 65 cm, packed

with 2.5-um Xselect CSH C18 material) for high-capacity sample loading, cleanup and delivery.

For each sample, 4 μL derived peptide was injected for LC-MS analysis. Mobile phase A and B

were 0.1% FA in 2% acetonitrile (ACN) and 0.1% FA in 88% ACN. The 180-min LC gradient

profile was: 4% for 3 min, 4–11 for 5 min, 11–32% B for 117 min, 32–50% B for 10 min, 50–

97% B for 5 min, 97% B for 7 min, and then equilibrated to 4% for 27 min. The mass

spectrometer was operated under data-dependent acquisition (DDA) mode with a maximal duty

cycle of 3 s. MS1 spectra was acquired by Orbitrap (OT) under 120k resolution for ions within

the m/z range of 400-1,500. Automatic Gain Control (AGC) and maximal injection time was set

at 120% and 50 ms, and dynamic exclusion was set at 45 s, ± 10 ppm. Precursor ions were

isolated by quadrupole using a m/z window of 1.2 Th, and were fragmented by high-energy

collision dissociation (HCD). MS2 spectra was acquired OT under 15k resolution with a

maximal injection time of 50 ms. Detailed LC-MS settings and relevant information are enclosed

in a previous publication by Shen et al.[83].

Data processing: LC-MS files were searched against a NCBI protein sequence database

containing both *Proteus mirabilis* and *Enterococcus faecalis* protein sequences using Sequest HT

embedded in Proteome Discoverer 1.4 (ThermoFisher Scientific). Target-decoy searching

approach using a concatenated forward and reverse protein sequence database was employed for

global FDR estimation and control. Searching parameters include: 1) Precursor ion mass

tolerance: 20 ppm; 2) Product ion mass tolerance: 0.02 Da; 3) Maximal missed cleavages per

peptide: 2; 4) Fixed modifications: carbamidomethylation of cysteine; 5) Dynamic

modifications: Oxidation of methionine, Acetylation of peptide N-terminals. Peptide filtering,

protein inference and grouping, and FDR control were accomplished by Scaffold v5.0.0

(Proteome Software, Inc.) The filtered peptide-spectrum match (PSM) list was exported. Protein

quantification was performed using IonStar, an in-house developed MS1 ion current-based

quantitative proteomics method [84]. Peptide quantitative features were first generated by a two-

step procedure encompassing 1) Chromatographic alignment with ChromAlign for inter-run

calibration of retention time (RT) shift; ii) Data-independent MS1 feature generation a direct ion-

current extraction (DICE) method, which extracts ion chromatograms for all precursor ions with

corresponding MS2 scans in the aligned dataset with a defined m/z-RT window (10 ppm, 1 min).

Both steps were accomplished in SIEVE v2.2 (ThermoFisher Scientific). Post-feature generation

data processing was accomplished by UHR-IonStar v1.4 (https://github.com/JunQu-

Lab/UHRIonStarApp) [85]. The filtered PSM list and the quantitative features database were first

integrated by MS2 scan number to generate a list of annotated frames with peptide sequence

assignment. The annotated frames were then subjected to dataset-wide normalization, principal

component-based detection and removal of peptide outliers, and data aggregation to protein

level. Protein quantification results were exported and manually curated and processed in

Microsoft Excel.

References:

1. Sabih, A., and Leslie, S.W. (2022). Complicated Urinary Tract Infections. In StatPearls (StatPearls Publishing).

2. Haque, M., Sartelli, M., McKimm, J., and Bakar, M.A. (2018). Health care-associated infections – an overview. Infection and Drug Resistance *11*, 2321. 10.2147/IDR.S177247.

3. Bono, M.J., Leslie, S.W., and Reygaert, W.C. (2022). Urinary Tract Infection. In StatPearls (StatPearls Publishing).

4. Tandogdu, Z., and Wagenlehner, F.M.E. (2016). Global epidemiology of urinary tract infections. Current Opinion in Infectious Diseases *29*, 73–79. 10.1097/QCO.0000000000000228.

5. Wagenlehner, F.M.E., Bjerklund Johansen, T.E., Cai, T., Koves, B., Kranz, J., Pilatz, A., and Tandogdu, Z. (2020). Epidemiology, definition and treatment of complicated urinary tract infections. Nat Rev Urol *17*, 586–600. 10.1038/s41585-020-0362-4.

6. Hooton, T.M., Bradley, S.F., Cardenas, D.D., Colgan, R., Geerlings, S.E., Rice, J.C., Saint, S., Schaeffer, A.J., Tambayh, P.A., Tenke, P., et al. (2010). Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America. Clin Infect Dis *50*, 625–663. 10.1086/650482.

7. Nicolle, L.E. (2012). Urinary catheter-associated infections. Infect Dis Clin North Am *26*, 13–27. 10.1016/j.idc.2011.09.009.

8. Rogers, M.A.M., Mody, L., Kaufman, S.R., Fries, B.E., McMahon, L.F., and Saint, S. (2008). Use of Urinary Collection Devices in Skilled Nursing Facilities in Five States. Journal of the American Geriatrics Society *56*, 854–861. 10.1111/j.1532-5415.2008.01675.x.

9. Crnich, C.J., and Drinka, P. (2012). Medical device-associated infections in the long-term care setting. Infect Dis Clin North Am *26*, 143–164. 10.1016/j.idc.2011.09.007.

10. Gaston, J.R., Andersen, M.J., Johnson, A.O., Bair, K.L., Sullivan, C.M., Guterman, L.B., White, A.N., Brauer, A.L., Learman, B.S., Flores-Mireles, A.L., et al. (2020). Enterococcus faecalis Polymicrobial Interactions Facilitate Biofilm Formation, Antibiotic Recalcitrance, and Persistent Colonization of the Catheterized Urinary Tract. Pathogens *9*, 835. 10.3390/pathogens9100835.

11. Warren, J.W. (2001). Catheter-associated urinary tract infections. International Journal of Antimicrobial Agents.

12. Nicolle, L.E. (2014). Catheter-related urinary tract infection: practical management in the elderly. Drugs Aging *31*, 1–10. 10.1007/s40266-013-0089-5.

13. Eliakim-Raz, N., Babitch, T., Shaw, E., Addy, I., Wiegand, I., Vank, C., Torre-Vallejo, L., Joan-Miquel, V., Steve, M., Grier, S., et al. (2019). Risk Factors for Treatment Failure and Mortality Among Hospitalized Patients With Complicated Urinary Tract Infection: A Multicenter Retrospective Cohort Study (RESCUING Study Group). Clinical Infectious Diseases *68*, 29–36. 10.1093/cid/ciy418.

14. Shuman, E.K., and Chenoweth, C.E. (2010). Recognition and prevention of healthcare-associated
urinary tract infections in the intensive care unit: Critical Care Medicine *38*, S373–S379.
10.1097/CCM.0b013e3181e6ce8f.

15. Guiton, P.S., Hannan, T.J., Ford, B., Caparon, M.G., and Hultgren, S.J. (2013). Enterococcus faecalis
Overcomes Foreign Body-Mediated Inflammation To Establish Urinary Tract Infections. Infect
Immun *81*, 329–339. 10.1128/IAI.00856-12.

16. Peychl, L., and Zalud, R. (2008). [Changes in the urinary bladder caused by short-term permanent
catheter insertion]. Cas Lek Cesk *147*, 325–329.

17. Parsons, C.L. (1982). Prevention of urinary tract infection by the exogenous glycosaminoglycan
sodium pentosanpolysulfate. J Urol *127*, 167–169. 10.1016/s0022-5347(17)53654-x.

18. Lila, A.S.A., Rajab, A.A.H., Abdallah, M.H., Rizvi, S.M.D., Moin, A., Khafagy, E.-S., Tabrez, S., and
Hegazy, W.A.H. (2023). Biofilm Lifestyle in Recurrent Urinary Tract Infections. Life *13*, 148.
10.3390/life13010148.

19. Nicolle, L.E. (2016). Urinary Tract Infections in the Older Adult. Clinics in Geriatric Medicine *32*, 523–
538. 10.1016/j.cger.2016.03.002.

20. Al-Hazmi, H. (2015). Role of duration of catheterization and length of hospital stay on the rate of
catheter-related hospital-acquired urinary tract infections. Res Rep Urol *7*, 41–47.
10.2147/RRU.S75419.

21. Letica-Kriegel, A.S., Salmasian, H., Vawdrey, D.K., Youngerman, B.E., Green, R.A., Furuya, E.Y.,
Calfee, D.P., and Perotte, R. (2019). Identifying the risk factors for catheter-associated urinary tract
infections: a large cross-sectional study of six hospitals. BMJ Open *9*, e022137. 10.1136/bmjopen-
2018-022137.

22. Chant, C., Smith, O.M., Marshall, J.C., and Friedrich, J.O. (2011). Relationship of catheter-associated
urinary tract infection to mortality and length of stay in critically ill patients: A systematic review
and meta-analysis of observational studies. Critical Care Medicine *39*, 1167–1173.
10.1097/CCM.0b013e31820a8581.

23. Hollenbeak, C.S., and Schilling, A.L. (2018). The attributable cost of catheter-associated urinary tract
infections in the United States: A systematic review. American Journal of Infection Control *46*, 751–
757. 10.1016/j.ajic.2018.01.015.

24. Gaston, J.R., Johnson, A.O., Bair, K.L., White, A.N., and Armbruster, C.E. Polymicrobial Interactions in
the Urinary Tract: Is the Enemy of My Enemy My Friend? Infection and Immunity *89*, e00652-20.
10.1128/IAI.00652-20.

25. Minardi, D., d'Anzeo, G., Cantoro, D., Conti, A., and Muzzonigro, G. (2011). Urinary tract infections in
women: etiology and treatment options. Int J Gen Med *4*, 333–343. 10.2147/IJGM.S11767.

26. Flores-Mireles, A.L., Walker, J.N., Caparon, M., and Hultgren, S.J. (2015). Urinary tract infections:
epidemiology, mechanisms of infection and treatment options. Nat Rev Microbiol *13*, 269–284.
10.1038/nrmicro3432.

27. Armbruster, C.E., Prenovost, K., Mobley, H.L.T., and Mody, L. (2017). How Often Do Clinically
Diagnosed Catheter-associated Urinary Tract Infections in Nursing Homes Meet Standardized
Criteria? J Am Geriatr Soc 65, 395–401. 10.1111/jgs.14533.

28. Warren, J.W., Tenney, J.H., Hoopes, J.M., Muncie, H.L., and Anthony, W.C. (1982). A prospective
microbiologic study of bacteriuria in patients with chronic indwelling urethral catheters. J Infect Dis
146, 719–723. 10.1093/infdis/146.6.719.

29. Norsworthy, A.N., and Pearson, M.M. (2017). From Catheter to Kidney Stone: The Uropathogenic
Lifestyle of Proteus mirabilis. Trends Microbiol 25, 304–315. 10.1016/j.tim.2016.11.015.

30. Michael, C.A., Dominey-Howes, D., and Labbate, M. (2014). The Antimicrobial Resistance Crisis:
Causes, Consequences, and Management. Front Public Health 2, 145. 10.3389/fpubh.2014.00145.

31. Werneburg, G.T. (2022). Catheter-Associated Urinary Tract Infections: Current Challenges and
Future Prospects. Res Rep Urol 14, 109–133. 10.2147/RRU.S273663.

32. Armbruster, C.E., Smith, S.N., Johnson, A.O., DeOrnellas, V., Eaton, K.A., Yep, A., Mody, L., Wu, W.,
and Mobley, H.L.T. (2017). The Pathogenic Potential of Proteus mirabilis Is Enhanced by Other
Uropathogens during Polymicrobial Urinary Tract Infection. Infect Immun 85. 10.1128/IAI.00808-16.

33. Armbruster, C.E., Mobley, H.L.T., and Pearson, M.M. (2018). Pathogenesis of Proteus mirabilis
Infection. EcoSal Plus 8, 10.1128/ecosalplus.ESP-0009–2017. 10.1128/ecosalplus.ESP-0009-2017.

34. Armbruster, C.E., Hodges, S.A., Smith, S.N., Alteri, C.J., and Mobley, H.L.T. (2014). Arginine promotes
Proteus mirabilis motility and fitness by contributing to conservation of the proton gradient and
proton motive force. Microbiologyopen 3, 630–641. 10.1002/mbo3.194.

35. Armbruster, C.E., Hodges, S.A., and Mobley, H.L.T. (2013). Initiation of Swarming Motility by Proteus
mirabilis Occurs in Response to Specific Cues Present in Urine and Requires Excess l-Glutamine. J
Bacteriol 195, 1305–1319. 10.1128/JB.02136-12.

36. Kline, K.A., and Lewis, A.L. (2016). Gram-Positive Uropathogens, Polymicrobial Urinary Tract
Infection, and the Emerging Microbiota of the Urinary Tract. Microbiol Spectr 4,
10.1128/microbiolspec.UTI-0012–2012. 10.1128/microbiolspec.UTI-0012-2012.

37. Vehreschild, M.J.G.T., Haverkamp, M., Biehl, L.M., Lemmen, S., and Fätkenheuer, G. (2019).
Vancomycin-resistant enterococci (VRE): a reason to isolate? Infection 47, 7–11. 10.1007/s15010-
018-1202-9.

38. Raza, T., Ullah, S.R., Mehmood, K., and Andleeb, S. (2018). Vancomycin resistant Enterococci: A brief
review. J Pak Med Assoc 68, 768–772.

39. Gaston, J.R., Andersen, M.J., Johnson, A.O., Bair, K.L., Sullivan, C.M., Guterman, L.B., White, A.N.,
Brauer, A.L., Learman, B.S., Flores-Mireles, A.L., et al. (2020). Enterococcus faecalis Polymicrobial
Interactions Facilitate Biofilm Formation, Antibiotic Recalcitrance, and Persistent Colonization of the
Catheterized Urinary Tract. Pathogens 9. 10.3390/pathogens9100835.

40. Keogh, D., Tay, W.H., Ho, Y.Y., Dale, J.L., Chen, S., Umashankar, S., Williams, R.B.H., Chen, S.L.,
784   Dunny, G.M., and Kline, K.A. (2016). Enterococcal Metabolite Cues Facilitate Interspecies Niche
785   Modulation and Polymicrobial Infection. Cell Host Microbe *20*, 493–503.
786   10.1016/j.chom.2016.09.004.

787   41. Alteri, C.J., and Mobley, H.L.T. (2012). Escherichia coli Physiology and Metabolism Dictates
788   Adaptation to Diverse Host Microenvironments. Curr Opin Microbiol *15*, 3–9.
789   10.1016/j.mib.2011.12.004.

790   42. Brauer, A.L., Learman, B.S., Taddei, S.M., Deka, N., Hunt, B.C., and Armbruster, C.E. (2022).
791   Preferential catabolism of l- vs d-serine by Proteus mirabilis contributes to pathogenesis and
792   catheter-associated urinary tract infection. Mol Microbiol *118*, 125–144. 10.1111/mmi.14968.

793   43. Weerasinghe, J.P., Dong, T., Schertzberg, M.R., Kirchhof, M.G., Sun, Y., and Schellhorn, H.E. (2006).
794   Stationary phase expression of the arginine biosynthetic operon argCBH in Escherichia coli. BMC
795   Microbiology *6*, 14. 10.1186/1471-2180-6-14.

796   44. Sezonov, G., Joseleau-Petit, D., and D'Ari, R. (2007). Escherichia coli Physiology in Luria-Bertani
797   Broth. J Bacteriol *189*, 8746–8749. 10.1128/JB.01368-07.

798   45. Learman, B.S., Brauer, A.L., Eaton, K.A., and Armbruster, C.E. (2019). A Rare Opportunist,
799   Morganella morganii, Decreases Severity of Polymicrobial Catheter-Associated Urinary Tract
800   Infection. Infect Immun *88*, e00691-19. 10.1128/IAI.00691-19.

801   46. White, A.N., Learman, B.S., Brauer, A.L., and Armbruster, C.E. (2021). Catalase Activity is Critical for
802   Proteus mirabilis Biofilm Development, Extracellular Polymeric Substance Composition, and
803   Dissemination during Catheter-Associated Urinary Tract Infection. Infection and Immunity *89*,
804   e00177-21. 10.1128/IAI.00177-21.

805   47. Armbruster, C.E., Smith, S.N., Johnson, A.O., DeOrnellas, V., Eaton, K.A., Yep, A., Mody, L., Wu, W.,
806   and Mobley, H.L.T. (2017). The Pathogenic Potential of Proteus mirabilis Is Enhanced by Other
807   Uropathogens during Polymicrobial Urinary Tract Infection. Infect Immun *85*. 10.1128/IAI.00808-16.

808   48. Smith, S.N., and Armbruster, C.E. (2019). Indwelling Urinary Catheter Model of Proteus mirabilis
809   Infection. In Proteus mirabilis: Methods and Protocols Methods in Molecular Biology., M. M.
810   Pearson, ed. (Springer), pp. 187–200. 10.1007/978-1-4939-9601-8_17.

811   49. Flores-Mireles, A., Hreha, T.N., and Hunstad, D.A. (2019). Pathophysiology, Treatment, and
812   Prevention of Catheter-Associated Urinary Tract Infection. Top Spinal Cord Inj Rehabil *25*, 228–240.
813   10.1310/sci2503-228.

814   50. Pelling, H., Nzakizwanayo, J., Milo, S., Denham, E. l., MacFarlane, W. m., Bock, L. j., Sutton, J. m., and
815   Jones, B. v. (2019). Bacterial biofilm formation on indwelling urethral catheters. Letters in Applied
816   Microbiology *68*, 277–293. 10.1111/lam.13144.

817   51. Walker, J.N., Flores-Mireles, A.L., Lynch, A.J., Pinkner, C., Caparon, M.G., Hultgren, S.J., and Desai, A.
818   (2020). High Resolution Imaging Reveals Microbial Biofilms on Patient Urinary Catheters Despite
819   Antibiotic Administration. World J Urol *38*, 2237–2245. 10.1007/s00345-019-03027-8.

52. Vestby, L.K., Grønseth, T., Simm, R., and Nesse, L.L. (2020). Bacterial Biofilm and its Role in the
Pathogenesis of Disease. Antibiotics (Basel) *9*, 59. 10.3390/antibiotics9020059.

53. Burmølle, M., Ren, D., Bjarnsholt, T., and Sørensen, S.J. (2014). Interactions in multispecies biofilms:
do they actually matter? Trends in Microbiology *22*, 84–91. 10.1016/j.tim.2013.12.004.

54. Gabrilska, R.A., and Rumbaugh, K.P. (2015). Biofilm models of polymicrobial infection. Future
Microbiol *10*, 1997–2015. 10.2217/fmb.15.109.

55. Gaston, J.R., Johnson, A.O., Bair, K.L., White, A.N., and Armbruster, C.E. (2021). Polymicrobial
Interactions in the Urinary Tract: Is the Enemy of My Enemy My Friend? Infection and Immunity *89*,
e00652-20. 10.1128/IAI.00652-20.

56. Smith, A.B., Jenior, M.L., Keenan, O., Hart, J.L., Specker, J., Abbas, A., Rangel, P.C., Di, C., Green, J.,
Bustin, K.A., et al. (2022). Enterococci enhance Clostridioides difficile pathogenesis. Nature *611*,
780–786. 10.1038/s41586-022-05438-x.

57. Armbruster, C.E., Forsyth, V.S., Johnson, A.O., Smith, S.N., White, A.N., Brauer, A.L., Learman, B.S.,
Zhao, L., Wu, W., Anderson, M.T., et al. (2019). Twin arginine translocation, ammonia incorporation,
and polyamine biosynthesis are crucial for Proteus mirabilis fitness during bloodstream infection.
PLoS Pathog *15*. 10.1371/journal.ppat.1007653.

58. Armbruster, C.E., Forsyth-DeOrnellas, V., Johnson, A.O., Smith, S.N., Zhao, L., Wu, W., and Mobley,
H.L.T. (2017). Genome-wide transposon mutagenesis of Proteus mirabilis: Essential genes, fitness
factors for catheter-associated urinary tract infection, and the impact of polymicrobial infection on
fitness requirements. PLoS Pathog *13*. 10.1371/journal.ppat.1006434.

59. Gmiter, D., and Kaca, W. (2022). Into the understanding the multicellular lifestyle of Proteus
mirabilis on solid surfaces. Front Cell Infect Microbiol *12*, 864305. 10.3389/fcimb.2022.864305.

60. Benz, R. (2020). RTX-Toxins. Toxins *12*, 359. 10.3390/toxins12060359.

61. Guo, S., Vance, T.D.R., Stevens, C.A., Voets, I., and Davies, P.L. (2019). RTX Adhesins are Key
Bacterial Surface Megaproteins in the Formation of Biofilms. Trends in Microbiology *27*, 453–467.
10.1016/j.tim.2018.12.003.

62. Satchell, K.J.F. (2011). Structure and Function of MARTX Toxins and Other Large Repetitive RTX
Proteins. Annual Review of Microbiology *65*, 71–90. 10.1146/annurev-micro-090110-102943.

63. Guo, S., Langelaan, D.N., Phippen, S.W., Smith, S.P., Voets, I.K., and Davies, P.L. (2018). Conserved
structural features anchor biofilm-associated RTX–adhesins to the outer membrane of bacteria. The
FEBS Journal *285*, 1812–1826. 10.1111/febs.14441.

64. Flynn, J.M., Cameron, L.C., Wiggen, T.D., Dunitz, J.M., Harcombe, W.R., and Hunter, R.C. (2020).
Disruption of Cross-Feeding Inhibits Pathogen Growth in the Sputa of Patients with Cystic Fibrosis.
mSphere *5*, e00343-20. 10.1128/mSphere.00343-20.

65. D'Souza, G., Shitut, S., Preussger, D., Yousif, G., Waschina, S., and Kost, C. (2018). Ecology and
evolution of metabolic cross-feeding interactions in bacteria. Nat. Prod. Rep. *35*, 455–488.
10.1039/C8NP00009C.

66. Adamowicz, E.M., Flynn, J., Hunter, R.C., and Harcombe, W.R. (2018). Cross-feeding modulates
antibiotic tolerance in bacterial communities. ISME J *12*, 2723–2735. 10.1038/s41396-018-0212-z.

67. Azimi, S., Lewin, G.R., and Whiteley, M. (2022). The biogeography of infection revisited. Nat Rev
Microbiol, 1–14. 10.1038/s41579-022-00683-3.

68. Dillard, L.R., Payne, D.D., and Papin, J.A. Mechanistic models of microbial community metabolism.
Mol Omics *17*, 365–375. 10.1039/d0mo00154f.

69. Armbruster, C.E., Smith, S.N., Yep, A., and Mobley, H.L.T. (2014). Increased Incidence of Urolithiasis
and Bacteremia During Proteus mirabilis and Providencia stuartii Coinfection Due to Synergistic
Induction of Urease Activity. J Infect Dis *209*, 1524–1532. 10.1093/infdis/jit663.

70. Mobley, H.L., and Warren, J.W. (1987). Urease-positive bacteriuria and obstruction of long-term
urinary catheters. J Clin Microbiol *25*, 2216–2217.

71. Pearson, M.M., and Mobley, H.L.T. (2007). The type III secretion system of Proteus mirabilis HI4320
does not contribute to virulence in the mouse model of ascending urinary tract infection. Journal of
Medical Microbiology *56*, 1277–1283. 10.1099/jmm.0.47314-0.

72. Armbruster, C.E., Hodges, S.A., and Mobley, H.L.T. (2013). Initiation of Swarming Motility by Proteus
mirabilis Occurs in Response to Specific Cues Present in Urine and Requires Excess l-Glutamine. J
Bacteriol *195*, 1305–1319. 10.1128/JB.02136-12.

73. Gold, O.G., Jordan, H.V., and van Houte, J. (1975). The prevalence of enterococci in the human
mouth and their pathogenicity in animal models. Arch Oral Biol *20*, 473–477. 10.1016/0003-
9969(75)90236-8.

74. Dunny, G.M., Brown, B.L., and Clewell, D.B. (1978). Induced Cell Aggregation and Mating in
Streptococcus faecalis: Evidence for a Bacterial Sex Pheromone. Proceedings of the National
Academy of Sciences of the United States of America *75*, 3479–3483.

75. Kristich, C.J., Nguyen, V.T., Le, T., Barnes, A.M., Grindle, S., and Dunny, G.M. (2008). Development
and use of an efficient system for random mariner transposon mutagenesis to identify novel genetic
determinants of biofilm formation in the core Enterococcus faecalis genome. Applied and
Environmental Microbiology *74*, 3377–3386. 10.1128/AEM.02665-07.

76. Dale, J.L., Beckman, K.B., Willett, J.L.E., Nilson, J.L., Palani, N.P., Baller, J.A., Hauge, A., Gohl, D.M.,
Erickson, R., Manias, D.A., et al. (2018). Comprehensive Functional Analysis of the Enterococcus
faecalis Core Genome Using an Ordered, Sequence-Defined Collection of Insertional Mutations in
Strain OG1RF. mSystems *3*, e00062-18. 10.1128/mSystems.00062-18.

77. White, A.N., Learman, B.S., Brauer, A.L., and Armbruster, C.E. Catalase Activity is Critical for Proteus
mirabilis Biofilm Development, Extracellular Polymeric Substance Composition, and Dissemination

during Catheter-Associated Urinary Tract Infection. Infect Immun *89*, e00177-21.
10.1128/IAI.00177-21.

78. Masuko, T., Minami, A., Iwasaki, N., Majima, T., Nishimura, S.-I., and Lee, Y.C. (2005). Carbohydrate
analysis by a phenol–sulfuric acid method in microplate format. Analytical Biochemistry *339*, 69–72.
10.1016/j.ab.2004.12.001.

79. Perez-Riverol, Y., Bai, J., Bandla, C., García-Seisdedos, D., Hewapathirana, S., Kamatchinathan, S.,
Kundu, D.J., Prakash, A., Frericks-Zipper, A., Eisenacher, M., et al. (2021). The PRIDE database
resources in 2022: a hub for mass spectrometry-based proteomics evidences. Nucleic Acids Res *50*,
D543–D552. 10.1093/nar/gkab1038.

80. Smith, S.N., and Armbruster, C.E. (2019). Indwelling Urinary Catheter Model of Proteus mirabilis
Infection. Methods Mol. Biol. *2021*, 187–200. 10.1007/978-1-4939-9601-8_17.

81. Guiton, P.S., Hung, C.S., Hancock, L.E., Caparon, M.G., and Hultgren, S.J. (2010). Enterococcal Biofilm
Formation and Virulence in an Optimized Murine Model of Foreign Body-Associated Urinary Tract
Infections. Infect Immun *78*, 4166–4175. 10.1128/IAI.00711-10.

82. Shen, S., An, B., Wang, X., Hilchey, S.P., Li, J., Cao, J., Tian, Y., Hu, C., Jin, L., Ng, A., et al. (2018).
Surfactant Cocktail-Aided Extraction/Precipitation/On-Pellet Digestion Strategy Enables Efficient and
Reproducible Sample Preparation for Large-Scale Quantitative Proteomics. Anal. Chem. *90*, 10350–
10359. 10.1021/acs.analchem.8b02172.

83. Shen, X., Shen, S., Li, J., Hu, Q., Nie, L., Tu, C., Wang, X., Orsburn, B., Wang, J., and Qu, J. (2017). An
IonStar Experimental Strategy for MS1 Ion Current-Based Quantification Using Ultrahigh-Field
Orbitrap: Reproducible, In-Depth, and Accurate Protein Measurement in Large Cohorts. J Proteome
Res *16*, 2445–2456. 10.1021/acs.jproteome.7b00061.

84. Shen, X., Shen, S., Li, J., Hu, Q., Nie, L., Tu, C., Wang, X., Poulsen, D.J., Orsburn, B.C., Wang, J., et al.
(2018). IonStar enables high-precision, low-missing-data proteomics quantification in large
biological cohorts. Proc Natl Acad Sci U S A *115*, E4767–E4776. 10.1073/pnas.1800541115.

85. Wang, X., Jin, L., Hu, C., Shen, S., Qian, S., Ma, M., Zhu, X., Li, F., Wang, J., Tian, Y., et al. (2021).
Ultra-High-Resolution IonStar Strategy Enhancing Accuracy and Precision of MS1-Based Proteomics
and an Extensive Comparison with State-of-the-Art SWATH-MS in Large-Cohort Quantification. Anal
Chem *93*, 4884–4893. 10.1021/acs.analchem.0c05002.